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PTO/SB/81 (01-09)

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Application Number	10/537047
Filing Date	PCT 08 2003/000 4735
First Named Inventor	MARK GEACH
Title	THEATRICAL & PROPHYLACTIC PREPARATIONS
Art Unit	1623
Examiner Name	ELIZ PESOLEU
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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Please recognize or change the correspondence address for the above-identified application to: *Dr. Mark Geach* The address associated with the above-mentioned Customer Number.*Date: 06/15/2010*

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I am the:

 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mark Geach</i>	Date	06/15/2010
Name	MARK GEACH	Telephone	310 593 1012
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below..

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